ATTACHMENT 3

Influence Drug Possession

2.06 Under the Influence of a Controlled Substance

Drug Sale 2.04 Liquor 2.05 Possession of alcohol

JUVENILE DUF INTERVIEW NATIONAL INSTITUTE OF JUSTICE

NOTICE-Information contained on this form which would permit identification of any individual or released to others without the consent of the individual or the establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 42 USC 3789g and 28 CODE (CFR) Part 22. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Director, National Institute of Justice, 633 Indiana Avenue NW, Washington, DC 20531; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214), Washington, DC 20503.

				АТЕ 	DUF S	ETTE ID#	PERSON	ID# 	
	INFORMATION F	ROM RECOR	RDS (CO	MPLETE BEFO	ORE APPR	OACHING	ARRESTE	Ξ)	
Year of Birth:	SEX: 1 -	Male 2	- Female						
Ethnicity Information:									
Black (Not Hispanic) Asian or Pacific Islander	2 - White (Not Hispa 6 - Other: Specify			ic 4 - A	merican In	dian or Alask	an Native		
Precinct/location of arrest:			_	Location of arre	st ZIP Code				
				(or other cod	le)			
				Агге	stee's reside	ence ZIP Code	·		
				(6	or other cod	le) _			
Was the person charged with a the person charged with a Enforcement 1 2	probation/parole/ROR v 3 4 5 6 7 8	riolation? 0 9 0	- NO - NO	1 - YES 1 - YES					
Most serious charge:				Charge Code (from list below	Pena	l Law Code	Misd M	Felony F	Status S
Second most serious charge:							М	F	S
Third most serious charge:								F	
inio most scrious charge.				-			M	F	S
/IOLENT OFFENSES		PROPERTY	OFFENS	ES		MI	SCELLANEO	US OFFENS	ES
1.01 Assault 1.02 Blackmail/Extortion/Threat 1.03 Kidnapping 1.04 Manslaughter by negligence 1.05 Murder/Homicide (Non-neglig 1.06 Robbery 1.07 Sexual Assault/Rape by force 1.08 Weapons 1.09 Domestic Violence 1.10 Child Abuse 1.11 Spouse/Partner Abuse 1.12 Child Abuse/Neglect 1.13 Violation of Protection Order	gent Manslaughter)	3.01 Arson 3.02 Bribery 3.03 Burglat 3.04 Burglat 3.05 Damag 3.06 Forgery 3.07 Fraud 3.08 Larcen 3.09 Stolen i 3.10 Stolen i 3.11 Trespas	ry ry Tools re/Destroy y y/Theft Property Vehicle ssing			5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0	Endangermo 0 Pickpocket/. 1 Sex Offense	ent g pe/Bench Wai e.g., indecent Police/Resist ie/Disturbance ent Jostling	rrant exposure)
DRUG/ALCOHOL RELATED OF	FENSES	4.01 Curfew 4.02 Failed I							
2.01 Driving While Intoxicated/Dri	iving Under the	4.03 Runawa							

4.04 Truancy 4.05 Violation of Home Supervision NOTE: INTERVIEWER INSTRUCTIONS ARE IN CAPITAL LETTERS. READ ANSWER CHOICES TO THE RESPONDENT <u>ONLY</u> WHEN INSTRUCTED TO DO SO. EVERYTHING ELSE IN LOWER CASE OR INITIAL CAPS <u>MUST</u> BE READ TO RESPONDENT. USE PEN, <u>NOT</u> PENCIL TO COMPLETE INTERVIEW.

terview	er's Initials:		Š.						
Your pa	AS WRITTEN: This interview is part of a Federally Funded Study. urticipation is voluntary. The information you provide is confidential and it will not help or hurt your case. Would you agree to the w?	ation you provide is confidential and							
NTER	VIEW CONDUCTED IN:	1 Spanish							
		2 English 3 Other							
1.	How many hours ago were you arrested?	(IF GREATER THAN 48 HOURS, DISCONTINUE INTERVIEW)							
		——HRS							
2.	What is the highest grade you have successfully finished in school?								
		(EXAMPLES: 9th Grade=09; H.S. Graduate=12; 1 Year College=13; Never Attended School=00)							
3.	Do you still attend school? (If school is in recess, ask if respondent will be returning to school)	0 No (ASK A) 1 Yes (GO TO QUESTION 4)							
	A. Have you:	(READ ALL CHOICES) 1 Graduated (GED)							
		2 Been Expelled 3 Been Suspended	1						
		5 Other (Specify)	(.						
i.	In the past month, what kind of place did you live in? (PROBE: What kind of building? Where did you stay?)	(PROBE AND CODE INTO ONE OF THE FOLLOWING CATEGORIE	S)						
	(FRODE, What kind of building: Where did you stay:)	0 Public housing (GO TO QUESTION 5)							
		1 Private apartment/condo./hotel (GO TO QUESTION 5) 2 House/mobile home (GO TO QUESTION 5)							
		3 Emergency or short-term shelter (GO TO QUESTION 6)							
		4 Jail or prison (GO TO QUESTION 6) 5 Half-way or honors facility (GO TO QUESTION 6)							
		6 Drug/alc. treatment facility (GO TO QUESTION 6)							
		7 No fixed residence; on the street (GO TO QUESTION 6)							
		8 Other (Specify) (GO TO QUESTION 6)							
5.	In the past month, how many people have lived in your household on a regular basis, including yourself?	(1=SELF, IF GREATER THAN 1, ASK A)							
	A. How are these people related to you?	CIRCLE ALL THAT APPLY: SPECIFY NUMBERS OF FOLLOWS 6Grandparents	ING:						
		1 Father 7Parent(s)-in-law							
		2 Stepmother 8 Biological Children 3 Stepfather 9 Adopted or stepchildren							
		4 Spouse 10Brothers or sisters							
		5 Boyfriend/girlfriend 11Other relatives 12 Friends/roommates							
		12Friends/roommates 13Other unrelated people							

					-												
6.	In the past 30 days, what was the main source of your income or spending money?						(READ ALL CHOICES, CIRCLE ONE, SELF-EMPLOYED IS FULL- OR PART-TIME WORK, DO NOT RECORD EMPLOYER'S NAME)										
			0 Welfare, SSI 1 Working Full-Time (Specify type of employment) 2 Working Part-Time or Odd-Jobs														
							(Specify type of employment) 3 Family										
							4 Other Leg		cify)								
								5 Prostitution 6 Dealing/Drug Sales 7 Other Illegal (Specify)									
7.	In the past 30 days, how much money did you receive from all legal sources (such as wages, food stamps, and/or welfare)?							\$ No Income \$00									
8.	In the past 30 days, how much money did you receive from all illegal sources?							\$00									
and do n	AS WRITTEN: The next several question of include drugs prescribed by a doctor. In the past 30 days how much did you	Remem	ber, eve	rything	you tell		\$		00							24	
9.	including alcohol and tobacco)?	spenu o	iii drugs	Tor you	nsen (m												
_			(CIRC	CLE "	0" FO	R NO	AND "1"	FOR	YES)						_		
AGE (CAL	ECULATE FROM Y.O.B. AND					caine	ack Tar, Morphine	l Dust	Amphetamines/Speed	Downers/Barbiturates	/Ludes	hadone	eth.	other			
YER	IFY WITH ARRESTEE)	Alcohol	Tobacco	Marijuana	Crack	Powder Cocaine	Heroin, Black Tar, Dilaudid, Morphine (opiates)	PCP/Angel Dust	Amphetan	Downers/F	Quaaludes/Ludes	Street Methadone	Crystal Meth.	Valium or other Tranquilizers	LSD/Acid	Inhalants	
	lave you ever tried any of the following ? (READ ALL DRUGS)	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
	CEED DOWN THE COLUMN FOR H DRUG THE ARRESTEE EVER ED																
old w	Vhen you first tried (NAME DRUG) how ere you?																
last 12	lave you used (NAME DRUG) during the 2 months?	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
(SKII	P MAY DIFFER FOR EACH DRUG)	,										,					
13. Ir DRUG	n the past 3 days did you use (NAME G)?	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
	low many days did you use (NAME G) in the past 30 days?																
consc	ouring the past 12 months, have you iously tried to cut down or quit using ME DRUG) on your own?	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
A.	If yes, were you successful?	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
	lave you felt that you needed or were dent on (NAME DRUG) in the past 12 ns?	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
	re you now receiving treatment or detox IAME DRUG)?	0 1		0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
	lave you received treatment or detox for ME DRUG) in the past?	0 1		0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	
	to you feel you could use treatment for ME DRUG)?	0 1		0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	0 1	

20.	Are there any other drugs that you have used illegally in the past 30 days?	0 No 1 Yes (Specify)	
21.	Have you ever injected drugs illegally?	0 No (GO TO QUESTION 23) 1 Yes (ASK A)	>
	A. What drugs have you EVER injected?	(CIRCLE ALL THAT APPLY) 1 Heroin 2 Cocaine 3 Amphetamines/speed/crystal meth 4 Other(s) (Specify)	
22.	When was the last time you injected any drug illegally?	Within the past 30 days More than 1 month ago but less than 6 months ago 6 or more months ago but less than 1 year ago 4 1 or more years ago	
23.	At the time the police said you committed this crime:		
	A. Were you in need of drugs or alcohol?	(CIRCLE ALL THAT APPLY) 0 No 1 Alcohol 2 Cocaine/Crack 3 Marijuana 4 Other(s) (Specify)	
	B. Were you under the influence of drugs or alcohol?	(CIRCLE ALL THAT APPLY) 0 No 1 Alcohol 2 Cocaine/Crack 3 Marijuana 4 Other(s) (Specify)	
24.	Are there any new drugs on the street that you have heard are being used?	0 No 1 Yes (Specify Effects, How Used, Cost, etc.)	
25.	Have you ever been a patient at a Hospital Emergency Room for a drug overdose or any other drug related incident?	0 No (GO TO QUESTION 26) 1 Yes (ASK A)	
	A. Was it during the past 12 months?	0 No 1 Yes	
	AS WRITTEN: The next several questions concern previous arrests, not ng the current charge.		
26.	During the past 12 months, have you been arrested and booked for breaking a law, whether or not you were guilty?	0 No (GO TO QUESTION 27) 1 Yes (ASK A AND B)	
	A. How many times during the past 12 months?	Number of Times	
	B. What were the charges?	(LIST ALL CHARGES AND NUMBER OF TIMES DURING THE PAST TWELVE MONTHS FOR EACH, I.E., Charge/#)	
		SUPERVISOR: WRITE OFFENSE CODE BELOW	
27.	Have you served time in the past 12 months?	0 No 1 Yes	4
28.	SPECIMEN (AFTER ANY ADDITIONAL QUESTIONS/ADDENDA) WAS:	Refused/did not try Provided Tried/could not produce specimen	- J